

Updated **December 30th, 2020**

VERMONT DEPARTMENT OF CORRECTIONS

COVID-19 Guidelines

Operational Guidelines for COVID-19 Response will be updated frequently to incorporate the latest scientific, medical, and governmental recommendations. Please ensure you are using the most current document.

[Attachment 5](#) contains additional steps or different steps that will be taken when a “Stay Home, Stay Safe” order is in effect. This addendum has been removed due to changes in the Governor’s Executive Orders.

COVID-19 GUIDELINES – Field

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Contact Information

Incident Commander

Alan.cormier@vermont.gov- 603-631-5926

Central Office Operations Section:

Shannon.Marcoux@vermont.gov- Operations Sections Chief- 802-798-4803

Heidi.Fox@vermont.gov RN, MSN- Director of Nursing - 802-798-2682

Dale.crook@vermont.gov 802-279-7320

Logistics Section:

Bob.Arnell@vermont.gov- Logistics Sections Chief- 802-522-8031

Sarah.Turcotte@vermont.gov – 802-760-8761

Kory.Stone@vermont.gov- 802-241-0057

Planning Section:

Tanya.Barber@vermont.gov – Planning Sections Chief -802-272-1369

Joshua.Rutherford@vermont.gov- 802-798-2319

Lead Contact Tracer:

Samuel.Santos@vermont.gov- 802-863-7449

Definitions

- a. **Close contact:** For the purpose of this protocol, close contact is defined as someone who was within six feet of an infected individual for acumulative total of 15 minutes or more over a 24-hour period. That period begins 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.
- b. **Vulnerable** – Vulnerable will be used as defined by the CDC as at higher risk. The CDC currently lists as vulnerable: adults over the age of 65, pregnant women, and those with heart disease, lung disease, or diabetes. Please check the CDC link as these groups may change as new medical information becomes available. <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html> Staff designated as vulnerable will not be used to work Isolation or Quarantine units, nor will they be assigned to transport inmates designated for Isolation. It is staff's responsibility to notify their supervisors of this information and, if requested, to provide documentation from their health care provider.
- c. **N95 Mask** – An **N95 mask** (also called a respirator) is a **mask** that is worn over the face to prevent the inhalation of airborne particles. The **N95** designation means that the **mask** will filter at least 95% of particles 0.3 microns in size

- d. **Goggles** - goggles or disposable face shield that fully covers the front and sides of the face).
 - i. This does not include personal eyeglasses.
 - ii. If reusable eye protection is used it should be cleaned and disinfected in accordance with manufacturer's instructions.
- e. **Bleach Solution** – 5 (five) Tablespoons of bleach to 1 (one) gallon of water or 4 (four) teaspoons of bleach to 1 Quart (**Bleach Solution should be used within 24 hours of mixing.**)
- f. **Cloth Face Covering** - – mask made of cloth consisting of multiple layers to cover the nose and mouth. Not a microfiber or N95 mask. Often handmade. Intended to help prevent spread of virus *from the wearer*. **If you can see through the mask when held up to the light it is not to be worn inside the office.**
- g. **Microfiber Mask** – Four-ply microfiber cloth.

**Please note, surgical masks have been replaced with microfiber masks. This decision is based on the research done by the military found in the link below:

<https://www.military.com/daily-news/2020/04/28/army-says-it-has-found-best-fabric-face-masks.html>

Section 1: General Precautions

Throughout the duration of the COVID-19 pandemic the following general prevention measures should be implemented to interrupt viral infection transmission.

A. Good Health Habits

1. Each site should ensure that adequate supplies and facilities are available for hand washing for both offenders and staff.
2. Provisions should be made for staff and visitors and offenders to wash their hands when they enter the site.
3. Regular handwashing should be encouraged.
4. All persons should avoid touching their face, practice respiratory etiquette (covering cough with tissue/elbow.)

5. Non-contact greetings (i.e. no handshakes, hugs, high fives) will be used.
6. Good health habits should be promoted in various ways (e.g., educational programs, posters, campaigns, assessing adherence with hand hygiene).
7. This CDC website has helpful educational posters:
<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

B. Environmental Cleaning

1. The frequency of routine cleaning of surfaces that are frequently touched should be increased. These can include doorknobs, keys, handrails, telephones, computer keyboards, elevator buttons, etc..
2. Each District Manager will ensure their local cleaning schedule is increased for the duration of this pandemic.
3. Cleaning may be done using EPA-certified disinfecting wipes such as the “Red-capped PDI Sani Cloth Germicidal Wipes” or equivalent as available.
4. The CDC indicates that most common EPA-registered household disinfectants are effective for cleaning. Use disinfectants appropriate for the surface.
5. Bleach Solution is a good cleaning solution that is readily available. **It should be used with 24 hours of mixing.**
 - Bleach solution is 5 (five) tablespoons (1/3rd cup) bleach per gallon of water OR
 - 4 (four) teaspoons bleach per quart of water.
6. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date.
7. Never mix bleach with ammonia or any other cleanser.
8. Each site has been provided with a sprayer. This may be used as part of the cleaning and disinfecting plan.
9. Bleach solution should be used in the sprayer.
10. Bleach solution may be applied to hard surfaces suitable for cleaning with bleach.
11. Staff should be aware of the need for proper air circulation and ventilation.
12. Staff should wear gloves and eye protection while using the sprayer.

13. After application, bleach solution should be allowed to stand for a minimum of one minute prior to cleaning.

C. Cloth Face Coverings

1. Cloth Face Coverings should—
 - a. fit snugly but comfortably against the side of the face,
 - b. be secured with ties or ear loops,
 - c. include multiple layers of fabric,
 - d. allow for breathing without restriction,
 - e. be able to be laundered and machine dried without damage or change to shape.
2. Individuals should be careful not to touch their eyes, nose, and mouth when removing their Face Covering and wash hands immediately after removing.
3. Cloth Face Coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated (unless under direct observation) or otherwise unable to remove the Covering without assistance.
4. Coverings should be routinely washed. A standard washing machine will wash these appropriately.



i. **Wearing of Cloth Face Coverings - Staff**

1. In accordance with the current State of Vermont mandate, as of August 1, 2020 all persons in the State of Vermont are required to wear masks or cloth face coverings over their nose and mouth any time where it is not possible to maintain a physical distance of at least six feet.
2. Staff who are outside and are able to socially distance do not need to wear a mask/Cloth Face Covering, however, staff must be prepared to don a one immediately if social distancing is not able to be followed.
3. A Cloth Face Covering is not a substitute for microfiber masks or N95 masks when these are required.

4. Staff should familiarize themselves with requirements for use of PPE provided in Field and Facility Protocols.
5. In any situation that requires either a Microfiber mask or N95 mask, the Cloth Face Covering is to be removed and the appropriate mask applied.
7. Cloth Face Coverings will be removed if they become wet or soiled.
8. Staff will be provided with clean cloth face coverings and will be responsible for laundering and maintaining these.
9. Wherever Cloth Face Coverings are specified, a Microfiber mask may be substituted if preferred by the wearer (staff or offender.)
10. Where the protocol specifies Microfiber mask, a Cloth Face Covering **MAY NOT** be used as a substitute.

ii. **Wearing of Cloth Face Coverings - Offenders**

1. All offenders are required to wear a Cloth Face Covering when meeting with staff or when in any P & P Office.
2. Offenders must remove the covering if directed to by staff (e.g., for identification purposes or other security needs). Staff should ensure they are 6 feet from the offender or separated by a partition during this.
3. A Cloth Face Covering is not a substitute for microfiber masks or other required PPE

D. Social Distancing – Offender Contact

1. Various administrative measures have been implemented to reduce contact between people and the chance of spreading viruses.
2. Each District Manager will identify a specific location where this screening is to be completed.
3. Such location will be at the earliest point of contact between DOC staff and the offender **and** engaged in a way that allows for physical distance (6 feet) or physical separation (e.g., plexiglass) between them.
4. If the screening cannot be performed or if the offender refuses to submit to screening, offender access to the P & P office will be denied.
5. Any offender who screens positive will not be permitted to enter the office. They will be issued a surgical mask, and a copy of [Attachment 2](#).

6. A positive-screened offender will be directed to leave, follow up with their health care provider, and contact their PO **by phone**.
7. POs are expected to contact positive-screened offenders by phone if they do not hear back in one business day.
8. Probation Officers are instructed to contact all offenders to instruct them on whether they should report to the field office or not for an office visit.
9. Offenders not reporting for office visits will be contacted by telephone.
10. Level 4 & 5 offenders will be seen in accordance with the Field Transition Plan.
11. In consultation with the District Manager, Electronic Monitoring can be used to increase the level of supervision available.
12. Staff are encouraged to use technological options (e.g. Teams) to communicate with offenders when such is available and practical. This should be done through professional, not personal, accounts.
13. Offenders without a telephone will need to report as required by agency procedures.
14. P&P Officers who conduct office visits will do so in an area designated by the Manager.
 - a. To the extent feasible, these locations should be separate from staff working areas.
 - b. These areas must be sanitized after use.
 - c. The Field Transition Plan will provide more guidance as to when and what type of office visits will be reinstated.
15. No Urinalysis testing will be conducted on offenders during this time of operation under the COVID-19 operating procedures.
16. Work crew is suspended at this time.
17. Central Dispatch is running during business hours from 0745 to 1630 Monday through Friday. Field staff are to use dispatch services during these hours.
18. VSSs will be working remotely unless otherwise indicated after discussions with the DM of their home-based office. They are available via cell and email.
19. Field checks will occur according to the Field Transition Plan
20. Residence approvals will occur according to the Field Transition Plan

21. Groups that are conducted in the P&P field offices areas are suspended.
22. Court appearances will be determined by the Chief Judge of each court or by order of the Supreme Court Justice. Officers are encouraged to select one (1) officer to cover all hearings for a particular court/judge.

i. Travel Permits

1. Travel Permits may be issued to non-restricted areas and approved for the following reasons:
 - a. documented employment purposes,
 - b. medical appointments or procedures,
 - c. court proceedings or other confirmed legal matters, or
 - d. attendance at approved treatment programs.

E. Personal Protective Equipment (PPE)

1. The guidance above is designed to significantly reduce the circumstances in which a staff member would need to come into contact with an offender known, or suspected, to have COVID-19.
2. The below is to provide guidance for when such contact is necessary.
3. The offender will be required to wear, at minimum, a cloth face covering.
4. The offender will be directed to wash their hands.
5. PPE will be required when a staff member comes in contact with an offender with known, or suspected, COVID-19.
6. For offenders who have suspected exposure but are not displaying symptoms, staff will wear PPE as follows:
 - a. Gloves
 - b. Microfiber mask
 - c. Goggles
7. For offenders who are displaying symptoms, staff will wear PPE as follows:
 - a. Gloves
 - b. N95 Mask
 - c. Goggles

8. Gowns or Tyvek Suits will be worn for situations where a Use of Force appears likely.
9. Attachments [3](#) & [4](#) provide additional information on the safe use of this PPE.

Section 2 – Staff

A. Staff Self Testing- Broad Test

1. Each field office will assign their logistics chief to receive, store and manage the Broad Testing kits for staff testing through Incident Command Sections Chief.
2. Each field office will assign support staff to manage staff testing.
3. Each site will be the keeper of their own **Vermont Specific Event System** (TVRS)spread sheet that will be provided to the support staff the day of testing
4. Staff testing in the field offices will be conducted bi-weekly with 6 offices testing a week pursuant to the following schedule:
 - a. Week 1 – NEPP, SAPP, BUPP, BAPP, MOPP, SJPP
 - b. Week 2 – SPPP, BRPP, HAPP, BEPP, RUPP, MIPP
5. Each site will designate space for self-testing to take place.
6. The designated space will allow for staff to conduct the test in private if requested, have access to a sink for handwashing or the use of hand sanitizer, waste disposal, and tissues.
7. The test is to be conducted pursuant to instructions provided in the test kits.
8. Once the test is completed, staff are to hand the testing packet to the administrative support staff.

B. Administrative Testing Support Staff

1. Field sites will provide back up support staff to facilities if needed.
2. When handling test kits, support staff will don full PPE which includes N95 mask, face shield or goggles, gown and gloves unless otherwise instructed.
3. Support staff will document all staff submitting a test in the TVRS spread sheet as instructed, [Attachment 10](#).

4. Support staff will follow instructions outlined by Broad for administering the test, documentation and shipping. See [link](#).

C. Staff Travel

1. Any staff member who travels out of state must quarantine for 14 days pursuant to Vermont Department of Health Guidance. <https://accd.vermont.gov/covid-19/restart/cross-state-travel>. Nowhere out of state is currently designated as safe for travel without quarantine upon return.
2. This does NOT include staff who live in another state and cross borders as a matter of their normal commute.
3. This also does not include people traveling for essential purposes, including work. Essential travel includes travel for personal safety, medical care, care of others, parental shared custody, for food, beverage or medicine, or to perform work for businesses that are currently allowed to operate.
4. This does not include travel to non-quarantine counties as designated by Agency of Commerce and Community Development (ACCD) and completed in accordance with their guidelines

D. On-Site Screening

1. COVID-19 could gain entrance to a site via infected employees. Staff should stay home if they have fever and/or respiratory symptoms.
2. Upon arrival to the office, all staff and **any other persons (including visitors, vendors, contractors)** entering the field office will be screened using [Attachment 6](#).
3. Each DM will determine where such screening will take place and will assign staff to perform the screening.
4. The screener will wear PPE as follows: Gloves, goggles, and microfiber mask.
5. Screening should take place as close to the entrance as reasonably possible and as soon as the staff member or person seeking entry arrives.

6. Staff who answer “yes” to any question will be sent home. Other persons seeking entry who answer “yes” to any question will be declined entrance to the office.
7. All staff will be screened for fever with an infrared thermometer.
8. Staff with temperatures at or above 100.4 will be sent home.
9. Anyone who refuses to comply with the screening, including temperature check, will not be allowed entrance to the office.
10. A re-screening will not need to be done for staff exiting and re-entering the building on the same continuous shift.
11. Staff who continue to exhibit symptoms listed on Attachment 6 following a negative COVID-19 test may return to work provided they have been fever free for at least 24 hours without the use of fever reducing medications.
12. Attachment 6 does not need to be physically filled out.
13. Staff should discuss with their supervisor potential alternative work arrangements.
14. The staff member must receive clearance from a medical professional prior to returning to work.
15. This clearance may, but is not required to be, in writing.
16. If employees become sick at work, they should be advised to promptly report this to their supervisor and go home.
17. Employees should be advised to consult their healthcare provider by telephone.
18. Staff use of sick leave for other illnesses or injuries will continue to follow the normal process and will not require a medical clearance, (except if such is requested under CBA Article 35.)

E. Staff Suspected Exposure

1. Any staff member who has had a close contact exposure outside the work environment, or through unexpected work-related exposure, as defined by the Vermont Department of Health must quarantine for 14 days.

2. If the staff member does not have symptoms after 7 days, the staff member can arrange for a COVID test through their primary care provider OR a pop-up testing location.
3. If that test is negative, staff may return to work prior to the 14 days.
4. Staff quarantining should discuss possible alternate work arrangements with their supervisor.
5. Staff reassigned to a facility CANNOT have been a close contact within the last 14 days prior to going into a facility.
- ~~6. No test out after 7 days is permitted per new VDH guidance for staff working in congregate environments.~~
7. Suspected exposure through close contact per VDH guidance to [someone with COVID-19](#) outside of the workplace. Close contact as defined:
 - a. You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
 - b. You provided care at home to someone who is sick with COVID-19
 - c. You had direct physical contact with a person with COVID-19 (hugged or kissed them)
 - d. You shared eating or drinking utensils with a person with COVID-19
 - e. A person with COVID-19 sneezed, coughed, or somehow got respiratory droplets on you.
8. If employees have been exposed to a known COVID-19 case as defined by the VTDOH, and if they have symptoms of fever, cough or difficulty breathing, they should call their healthcare provider.
9. If an employee becomes symptomatic at any time during the 14-day quarantine they should contact their medical provider and may not return to work while symptomatic.
10. The employee may use their sick leave to cover this absence.
11. Staff having close contact with someone else who has been a close contact, but has not themselves been diagnosed with COVID-19, does not require quarantine, unless otherwise directed by the VDH or a medical provider.

12. Staff having contact with someone who is pending a COVID-19 test does not require quarantine unless otherwise directed by the VDH or a medical provider.

F. Staff Diagnosed with COVID-19

1. Staff who have confirmed COVID-19 should refer to [Attachment 9](#) for specific return to work criteria.
2. They should contact their medical provider and may not return to work while symptomatic.
3. Staff who have been diagnosed with COVID 19 and have completed transmission-based precautions and have returned to work but subsequently exhibit symptoms must quarantine from work. Staff who have subsequent symptoms must follow return to work criteria in Attachment 9.
4. Each district manager will ensure information is tracked regarding any employee that is sick or in-home quarantine.
5. The district manager will review this information with the Central Operations Section to determine if a sick staff member had close contact with others and if any additional steps need to be taken to address this.
6. During the COVID-19 outbreak (as at all times), staff are required to follow usual reporting rules for notifying their chain of command when they will be away from work due to illness or potential exposure.

Section 3 - Return to Incarceration/Transport

A. Return to Incarceration

1. Returns to incarceration will be reviewed with the Field Services Operations Manager or Field Services Director in advance.
2. Public safety remains a matter of the highest priority and VTDOC will return offenders when it is necessary to address public safety risk.
3. Transportation of offenders who do not screen positive on [Attachment 1](#) (i.e., no reported exposure, no symptoms) will be conducted according to standard protocols.
4. All female returns will be directly to CRCF, regardless of whether they are a positive or negative screen.

5. Other returns will be transported to facilities as per normal processes. All male facilities, except MVRCF, are accepting male field returns. Returns of male offenders from Rutland, Addison, and Bennington Counties will be transported to SSCF.
6. After any transport of an offender, the transport vehicle will be cleaned with a hospital-grade disinfectant.

B. Transport – Positive Screen

1. If transporting an offender who has screened positive, the standards listed below will be utilized in addition to normal transport protocols.
2. Prior notification will be made to the receiving facility.
3. The receiving Superintendent will be responsible for notifying the Central Operations Section.
4. Offender wears a microfiber mask and washes their hands.
5. Probation Officer wears N95 mask and goggles. Wear gloves, gown, and eye protection if in close contact with offender prior to transport.
6. Prior to transporting, all PPE (except N-95 respirator) is removed and hand hygiene (washing or thorough application of hand sanitizer with at least 60% alcohol) is performed. This is to prevent contaminating the driving compartment.
7. Ventilation system should bring in as much outdoor air as possible. Set fan to high.
8. DO NOT place air on recirculation mode.
9. Weather permitting, drive with the windows down.
10. Following the transport, if close contact with the offender is anticipated, put on new set of PPE. Wash hands after PPE is removed.
11. After transporting an offender, air out the vehicle for one hour before using it without a microfiber mask or respirator.
12. When cleaning the vehicle, wear a disposable gown and gloves. A face shield or microfiber mask and goggles should be worn if splashes or sprays during cleaning are anticipated.
13. Clean and disinfect the vehicle after the transport utilizing a hospital-grade disinfectant

14. If a decision is made to transport an offender with signs and symptoms of severe respiratory illness to a health care facility, the sending facility will notify the receiving health care facility of the pending transport of a potentially infectious patient. Staff should use appropriate judgment in determining whether an offender requires EMS services due to an emergent medical need *as they would in any other case*.

Section 4 - Field Contact Tracing

1. Each field office will have a designated “contact tracer” who has completed the online training listed below:

https://www.coursera.org/learn/covid-19-contact-tracing?utm_medium=coursera&utm_source=promo

Site	Point of Contact	Phone number
Barre Probation and Parole	Mike Merchant	(802) 793-4274
Bennington Probation and Parole	Ellen Palmer	(802) 760-7869
Brattleboro Probation and Parole	Christina Granger	(802) 579-6451
Burlington Probation and Parole	Alan Monnier	(802) 863-7542
Hartford Probation and Parole	Matt Holden	(802) 296-5513
Morrisville Probation and Parole	Mike Merchant	(802) 793-4274
Newport Probation and Parole	Jason Webster	(802) 334-3312
Rutland Probation and Parole	Nick Daigle	(802) 779-4239
St. Albans Probation and Parole	Lisa Wilson	(802) 524-7966
St. Johnsbury Probation and Parole	Maxwell Maloney	(860) 681-9435
Springfield Probation and Parole	Lisa Brooks (backup) Leona Watts	(802)-738-2985 (cell) (802) 802-885-2985- home (802) 885-8994

2. Any COVID-19 related questions regarding close contact should be directed to the field office contact tracer.
3. If collaboration is needed, the DM will contact the Lead Contact Tracer who will discuss with the ICS COVID Operations Team.

4. If a positive COVID-19 case is identified, the DM will contact ICS Operations Chief, DOC Director of Nursing and the Lead Contact Tracer.
5. ICS will then review and determine if contract tracing will be done.
6. If ICS requests the field conduct contact tracing, the Field Close Contact Questionnaire (Attachment 7) will be utilized.

Attachment 1 – COVID-19 New Intake Screening Form

e. Assess for Signs or Symptoms of Illness <ul style="list-style-type: none"> Persons with symptoms of illness or cough should be masked immediately and separated from others. ASK – Do you have a...		Date of Onset:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever (100.4F) // Record temperature: <u> </u>°F/ <u> </u>°C or felt feverish	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath or Difficulty Breathing	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Congestion or runny nose	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Chills	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle Pain	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sore Throat	
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Loss of Taste or Smell	
3. If <i>YES</i> to ANY RISK AND SYMPTOM questions, do not allow the offender to enter the office. They should be directed to contact their health care provider and notify the PO by phone of the results.		

Inmate Name: _____ Number: _____

Employee Name: _____ Date: __/__/__

Employee Signature: _____

Attachment 2 – Sick with COVID

[Attachment](#)

Attachment 3 - Safe Conservation of N95 Masks

Strategies for conserving N95 respirators in accordance with CDC guidance.

1. Staff should always use hand hygiene before and after touching or adjusting their mask.
2. Masks may be reused by the same officer throughout a shift.
3. An officer who leaves the unit for bathroom or break should remove the N95 without shaking it, put it into a paper bag with their name on it and wash their hands. The officer should use clean gloves when donning a used N95 and performing a user seal check; when the check is complete the gloves should be discarded and hands washed.
4. At the conclusion of the shift, the mask may be saved, in a paper bag, labeled with the name of the officer, and re-used up to a maximum of 5 times. Maximum use should not exceed 8-12 hours.
5. Masks should be discarded if they are contaminated with bodily fluids, damp, soiled, stretched out, deformed, become difficult to breathe through, or otherwise no longer provide an appropriate seal.

Attachment 4 – PPE Sequence

See Separate Attachment.

Attachment 5 - Stay Home, Stay Safe

Removed as the Governor's Executive Orders have changed.

Attachment 6 - Staff Screening Tool

- It is suggested that this form be laminated.
- A written copy of this form is NOT required. Any positive results will be reported on the Line List.

Today or in the past 24 hours have you had any of the following symptoms?	
Fever or felt feverish?	Yes ____ No ____
Cough that is abnormal for you and/or sore throat?	Yes ____ No ____
Shortness of Breath or Difficulty Breathing?	Yes ____ No ____
Congestion/runny nose	Yes ____ No ____
Chills	Yes ____ No ____
Muscle Pain	Yes ____ No ____
Nausea/Vomiting or diarrhea?	Yes ____ No ____
New Loss of Taste or Smell	Yes ____ No ____

Headache unusual for you or unexpected	Yes____ No____
Fatigue abnormal to you	Yes____ No____
Current Temperature above (Fever 100.4)	Yes____ No____

If the answer is YES to any of the above and/or the current temperature is over 100.4 —see below

~~(If completed at the site) — Individual is not permitted to enter the facility.~~

~~(If completed by an employee self-screening at home) — Do NOT report to work. Please contact your Supervisor. You must be cleared by a medical professional prior to returning to work.~~

Attachment 7 -Field Close Contact Tracing Questionnaire

Name_____

Date _____

The CDC defines **close contact** as anyone who was **within 6 feet** of an infected person **for at least 15 consecutive minutes.**

- Using the standard above, at any point were you in close contact with _____? Y/N
If yes-
When?
How long?
What was the proximity (distance between) to _____?
Were you wearing a mask? What type?
Was _____ wearing a mask? What type?

2. Did you remove your mask at any point in the vicinity of _____?
For how long?
What was the distance between you and _____?
3. Do you have any symptoms? Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea.
4. When did the symptoms start?
5. Have you had any close contact with any DOC staff at or outside of work/office in the two days prior to symptoms starting? If Asymptomatic- have you had any close contact with DOC staff since exposure?
Please advise if masks were worn and what type.
6. Have you had any close contact with offenders in the two days prior to symptoms starting?
If Asymptomatic- have you had any close contact with offenders since exposure?
Please advise if masks were worn and what type.
7. Any recent contact with a confirmed COVID positive person?

When?

What was the distance between you and them?

What was the duration of the contact?

Attachment 8 – Reserved for Future Use

Attachment 9 – Return to Work Following a COVID-19 Positive

The health and safety of our staff is our top priority. We understand this is a difficult time for all employees, and we are doing our best to ensure we take the steps necessary to mitigate the spread of COVID-19 and allow staff to return to work. Our goal is to get healthy employees back to work as soon as possible to support our mission.

In order to be cleared to return to work, staff will need to follow the criteria below:

Return to Work Criteria for Staff with Confirmed COVID-19

The Vermont Department of Corrections is following the guidelines issued by the CDC for Healthcare Providers which is supported by the Vermont Department of Health.

These recommendations are in accordance with the CDC Return to Work Guideline updates as of 4-30-2020.

Symptomatic Correctional Staff with confirmed COVID-19 *Symptom-based strategy.*

Exclude from work until:

- At least 24 hours have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 10 days have passed *since symptoms first appeared*

Correctional Staff with laboratory-confirmed COVID-19 who have not had any symptoms: *Time-based strategy.* Exclude from work until:

- 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the *symptom-based* should be used.

If a staff member had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis. Local logistics chiefs will be conducting regularly scheduled check-ins with staff out of work for issues related to COVID-19. Once staff have met the criteria listed above and scheduled checks have been made, the superintendent or District Manager will determine eligibility and notify staff to return to work.

Return to Work Practices

After returning to work correctional staff are to adhere to the current practices laid out in the current protocols for both field and facility.

[Current Facility Protocol](#)

[Current Field Protocol](#)

The expectation is for staff to follow the recommendations issued by the CDC and supported by the Vermont Department of Health to prevent the spread of COVID-19. Attached is the current guidelines for preventing the spread and staying safe.

Attachment 10 – Broad Lab – Instruction for Support Staff

Broad Lab

Instructions for Administrative Support Staff

Please review attached [PDF Instructions for Staff](#) for further detailed instructions.

Testing site set up

- Be sure your testing area is clean and hand sanitizer is available.
- Full PPE is required to include, gown, gloves, eye protection and microfiber mask which will be provided by the facility and field site.
- Be sure cryobox is secured and away from access by anyone else but the administrative support team.

Staff Waiver of Consent

Each staff member will have been provided a copy of the COVID-19 Testing Waiver prior to testing. Each staff member is to be asked the following question:

Have you had an opportunity to review the COVID Testing Waiver? If so, do you consent to the administering of the test under that understanding? If yes, then choose “yes” in the drop-down box of the TVRS spread sheet. If they answer is no, choose no and the staff cannot be tested.

[Link to Waiver Form](#)

Tracking TVRS (Vermont Specific Event System)

This is a Vermont Department of Health system which allows the public to access their own tests status and results. This spread sheet must be completed by the Administrative Support Staff at the time of testing.

- The superintendent or DM will forward the TVRS spreadsheet to the assigned administrative support staff the day of testing.
- During testing, the “Consent” column will need to be filled out with “yes” next to the corresponding name if the staff member agrees to consent in accordance with the attached waiver form.
- Administrative support staff will review the TVRS and be sure each column in red is completed for each staff member tested.
- Please have this completed electronically not printed out and written on.
- If a staff member shows up for testing and their name is not on the TVRS the administrator will need to add that name also filling out all of the columns.
- Once testing is completed, the electronic TVRS sheet is returned to the superintendent or DM who then will forward to the Operations Section Chief.

Log in to CareEvolve

- The website is <https://crsp.careevolve.com/>
- Enter your temporary password
- Enter the location which is **CICDOCSTAFF** or **CICDOCINMATES**
- Find your name, click edit and go in and change your password

To Print labels

- At the top of the screen, click **Patients**
- Under drop down click **Search Patients**
- Choose the name of person who is testing and click the name
- Click **Create New Order**
- Click **Next**
- Click the box **COVID19_Diagnostic**
- In the **Type of Swab** box click the drop down and choose **AN SWAB**. (It’s the only option)

- Click **Next**
- Review screen. Don't make any changes to dates unless you are pre-printing labels. These dates all auto populate
- Click **Complete**
- Click **Print Label**
- **Do not reprint a label. If you have a damaged label you will need to cancel the order and re-request the label. you cannot reprint from an already used order.**

Adding Staff for Testing

If a staff member shows up on the day of testing and are not in the Broad system you can add them.

- Click **Add Patient** at the top right of your screen
- Complete the areas highlighted in red on the form
- Click **Save**
- Then **Search** them in **patients** search and proceed with the testing process.

A manifest must be completed for each day of testing. It is recommended, that this be done twice throughout the day when testing at the facility. Halfway through the day, go in and print the manifest as described below. (nothing actually prints) Be sure to do this at the end of the day when the box is prepared to ship and all tests are complete.

- Field Administrative Support staff who are testing at their field site don't need to send the manifest twice as they don't have as many testing as the facility staff. It bogs the system with too many tests being done at the end of the day as the facility will be doing.
- Field Administrative Support staff just need to be sure at the end of the day when all tests are completed, they follow the manifest instructions below.

Printing Manifest in Broad

The Manifest will be printed by the designated facilities for **ALL FIELD AND FACILITIES** on the day of testing.

- **NSCF- Scott Martin or designee** will print the manifest on their rotation
- **NWCF- Greg Hale or designee** will print on their week's rotation.
- Each superintendent and District Manager will send an email notification to your assigned superintendent who will be printing the manifest confirming your testing has been completed.
- If a test is performed after the manifest has been printed the individual site must print their own manifest.

Under Order Drop Down-

- New Manifest

- Review patients tested for any errors and correct
- DO NOT EVER update emails. All should be norplytvrs@vermont.gov
- If you need to delete an order, click the number at left of the column
- Once satisfied the manifest is complete hit PRINT. This will not actually print. It will be sending the manifest to the lab.
- This should be done halfway through the end of the day and at the completion of the testing for the day prior to box being shipped.

Manifest to be completed and included in shipping box

- Complete the Manifest/Packing slip (Appendix C of the instructions)
- Place the completed manifest/packing list (Appendix C) in the shipping box. If you have multiple shipping boxes, please include a copy on the Manifest/Packing Slip in each shipment.

Packaging & Shipping

1. As test tubes are collected at the designated drop off station, please consolidate the samples in the sample cryobox dividers to make complete racks of 64 tubes per Cryobox.
2. Physically count all the sample tubes and complete the Manifest/Packing Slip (Appendix C.)
3. Seal the Cryobox lid shut with tape or elastic band. Consolidate sealed Cryoboxes into as few shipping kits as possible. Do not use any wet ice for packaging. Dry specimens are stable long term at room temperature.
4. Place the completed manifest/packing list (Appendix C) in the shipping box. If you have multiple shipping boxes, please include a copy on the Manifest/Packing Slip in each shipment.
5. Pack the shipping box with packing materials so the cryoboxes do not shift around during transport.
6. Seal the shipping box shut with tape.
7. Through your shipping service, create your shipping label for expedited delivery to the following address. Shipping Address

CIC Health
245 Main Street
Cambridge, MA 02142
857-270-2707

8. Affix the sender's label to the outside of the shipping box. Ensure that the sender's company name, address, contact name, and contact phone number are included on the label.



9. When shipping with FedEx or UPS, ensure we follow the Category B shipping requirements for packages containing biological substances. Affix a UN 3373 Biological Substance, Category B Air Label to the outside of the shipping box. Per the CDC shipping recommendations, place the label on one side of the box and cover the label completely with clear tape (do not tape just the edges of the label).



10. Ensure your samples are packaged and available for handoff at your arranged UPS pick up time or bring to a UPS drop off location prior to last drop off time. The shipping service should be next day delivery.

Attachment 11 – Waiver Form



COVID-19 Specimen Collection Clinic Form

Section A: Demographic Information

NAME (Last)	(First)	(M.I.)
MAILING ADDRESS		
CITY	STATE	ZIP
DATE OF BIRTH <div style="text-align: center;"> _____ / _____ / _____ Month / Day / Year </div>	PHONE NUMBER	
LOCATION OF CLINIC/SPECIMEN COLLECTION:		

Section B: Information about Specimen Collection

For initial diagnostic testing for SARS-CoV-2, CDC recommends collecting and testing an upper respiratory specimen through anterior nares nasal swab specimen collection.

Anterior nares nasal swab is done by gently inserting a swab into the nostril at least 1 cm (0.5 inch) and firmly sample the nasal membrane by rotating the swab and leaving in place for 10 to 15 seconds. Then gently removing the swab and doing specimen collection in the other nostril with the same swab.

Section C: Information about Sharing Personal Health Information

As part of the testing process, I understand and accept, for myself and/or for a minor under 18 and/or legal ward, that my personal health information (my name, date of birth, test sample and test result) will be shared with third parties outside the Vermont

Department of Health (CIC Health, CareEvolve and Ellkay) solely for the purposes of processing my sample, evaluation and authorization of tests, if appropriate, and providing me and the Department of Health with the results. The Department of Health and these third parties all comply with the requirements of state and federal privacy laws for the protection of personal health information, including HIPAA, and use will use commercially reasonable best efforts to not disclose any individually identifiable health information, except for the following circumstances: in case of emergency; for the purposes of contact tracing; to inform others about their risks and otherwise as permitted or required by law.

I also acknowledge that I have been offered information about the State of Vermont's privacy notice [\[Link\]](#) and the specific privacy policies of the third parties [\[Link\]](#). I further understand agree that my personal health information may be used, in a deidentified format, for any appropriate research purpose to enhance human understanding of SARS-CoV2 and/or COVID19, to develop diagnostics, treatments, and promote scientific or engineering advances, without limitation.

If you have questions, please contact: margaret.robinson@vermont.gov or ask the person who gave you this form.

Section D: Consent

By signing below, I agree to the following:

- I have reviewed the information on how a COVID-19 specimen collection is performed and how my health information will be shared and protected.
- I have had the opportunity to ask questions.
- I give my consent for the Vermont Department of Health and associated third-parties (CIC Health) to perform specimen collection and to take necessary steps for the subsequent testing of that specimen for COVID-19.
- I understand and consent to certain necessary sharing of my health information with third parties (CIC Health, ixLayer) for the purposes of medical diagnosis and protecting public health.
- I have had the opportunity to review the privacy notice of the Department of Health and the privacy policies of the third parties and accept their terms.

Name: _____

Signature: _____

Date: ____/____/____

If Individual to be tested is under 18 years of age:

Name of Parent/Legal Guardian:

*If minor is in state custody, an authorized representative signature is required.

Parent/Legal Guardian Signature:

____/____/____

Date:

*If minor is in state custody, an authorized representative signature is required.

Name, Title and Signature of Healthcare Professional Collecting Specimen:

Type of Specimen Collection Performed: ☐ NP ☐ Nasal

Name (Print)

Title/Credentials

Signature

Date: ____/____/____